

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/					
53		/				
54		/				
55		/				
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80		/				
81		/				
82		/				
83		/				
84		/				
85		/				
86		/				
87	X	/				
88		/				
89		/				
90	/					
91	/					
92	/					
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						